US OFFICE PRISTINA - US CITIZEN REGISTRATION FORM

** PLEASE ATTACH A COPY OF THE FIRST PAGE OF YOUR PASSPORT AND RETURN TO THE US OFFICE **

Forms may be faxed to +381-38-548-614 or E-mailed with a scanned copy of your passport to: consularpristina@state.gov

		Place of Birth:		
U.S. Passport Number:		Date/Place of Issuanc		
Address in Kosovo (inclu	uding city)			
Office Phone(s) in Kosov	vo:	Fa	X:	
Home Phone in Kosovo:		E-mail:		
Purpose of Visit: (choose	e one) private / contract / stu	dent / clergy / NGO / other /		
Employer		-		
Date of your planned de	parture from Kosovo:			
Accompanying Members	of the Family:			
(Name)		(Passport No.)	(Citizenship)	
(Name)		(Passport No.)	(Citizenship)	
US Address		(,)	City:	
State:	Zip:	Telephone in the US.		
In emergency notify:		Relation	ship:	
At (address)		City:	State:	Zip:
Phone(s):		E-mail:		
		PRIVACY ACT RELEASE FORM		
	D	enamment of State 115 Office Pristina		
In accordance with the Pr		epartment of State, US Office Pristina by Congress in 1974, the US Office Pris	tina cannot release any info	rmation
regarding you that is not	rivacy Act (PL93-579) passed in the public domain to anyor	by Congress in 1974, the US Office Pris ne without your written consent except o	as set forth in the Act. There	efore, it is
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